

# PARKING REQUEST FORM

**MUST TURN IN PARKING REQUEST FORM UPON APPOINTMENT CHECK IN**

**\*Failure to complete "all" fields legibly will result in vehicle not being cleared**

If you are a Patient who currently has an assigned Pentagon Parking Permit you must park in your assigned parking area unless you are seeking Emergency Medical Care. **Lanes 41 and 42 are for PATIENTS ONLY.** DTHC Staff Members, Interns, and Students who DO NOT HAVE a parking permit must stop by the Pentagon Parking Office located in Corridor 10, Room 2D1039 to have their vehicle cleared for Temporary North "C" Parking, lanes 57-63. Visiting Maintenance/Repair workers should park in Lanes 57-63. VIOLATORS will have their vehicles towed at own expense (up to \$270.00)

**Do you currently have an assigned Pentagon Parking Permit? (Circle One)**

**YES** (if yes, you must park in your assigned parking area) **NO**

**Is this an Emergency Medical Visit? (Circle One) YES NO**

Check box below that corresponds to where your vehicle is parked in North Parking:

☐ **TRICARE LANES 41 – 42 (patients only)**

☐ **HANDICAP**

☐ **TRICARE OVERFLOW LANES 57-63 (patients, visitors, and maintenance workers)**

**Today's Date:** \_\_\_\_\_

**Date Requesting Clearance:** \_\_\_\_\_ *(multiple dates not accepted)*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**License Plate Number: (required field)** \_\_\_\_\_

**License Plate State: (required field)** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_ **Appointment Provider:** \_\_\_\_\_

**Appointment Location:** \_\_\_\_\_ *(do NOT write DTHC)*

*( specify the location e.g. Laboratory, Primary Care, etc..)*

**I have read and acknowledge the above Parking Instruction (initial here)** \_\_\_\_\_

Medical Detachment Staff Only

Request Cleared: YES NO

Staff Last Name \_\_\_\_\_

For further assistance please contact the

Medical Detachment Services Office

Parking Representative at (703) 692-8572/8832/8834